



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000019232

09/27/99

INSTALLATION ADDRESS

CEMPLANK INC
JUNE AVE EXCELSIOR IND PARK
BLANDON, PA 19510
TOM LEIBENSPERGER ESH MGR

JUNE AVE EXCELSIOR IND PARK
BLANDON, PA 19510

EPA Form 8700-12A (1/98)

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 31 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification ☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PAR00001923211

II. Name of Installation (Include company and specific site name)

CEMPLANK FCP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

EXCELSIOR IND PARK

Street (Continued)

PO BOX 99

City or Town

State Zip Code

BLANDON

PA 19510-

County Code County Name

011 BERKS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 99

City or Town

State Zip Code

BLANDON

PA 19510-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

LEIBENSPERGER

TOM

Job Title

Phone Number (Area Code and Number)

EH&S MANAGER

610-926-5533

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



City or Town

State Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CEMPLANK INC

Street, P.O. Box, or Route Number

JUNE AVE

City or Town

State Zip Code

BLANDON

PA 19510-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Month Day Year

610-926-5533

P

P

Yes

X

014 09 99

as per
call CM
date of
name
owner's
name
also

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D018 D039 D040

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Tom Leibensperger

Name and Official Title (Type or print)

Tom Leibensperger

Date Signed

8/16/99

XI. Comments

Name change only !!

OFN: FCP Inc

BAH/cm 9/1/99 VMS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

FEB 29 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

P A R 0 0 0 0 1 9 2 3 2

II. Name of Installation (Include company and specific site name)

C e m p l a n k , I n c E x c e l s i o r I n d P a r k

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

J u n e A v e

Street (Continued)

P O B o x 9 9

City or Town

B l a n d o n

State

P A

Zip Code

1 9 5 1 0 - 0 0 9 9

County Code

0 1 6

County Name

B e r k s

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

J u n e A v e P O B o x 9 9

City or Town

B l a n d o n

State

P A

Zip Code

1 9 5 1 0 - 0 0 9 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

L e i b e n s p e r g e r

(First)

H a r o l d (T o m)

Job Title

Q E S H M a n a g e r

Phone Number (Area Code and Number)

6 1 0 - 9 2 6 - 5 5 3 3

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

☒
☐
☐

B. Street or P.O. Box

E x c e l s i o r I n d P a r k J u n e A v e

City or Town

B l a n d o n

State

P A

Zip Code

1 9 5 1 0 - 0 0 9 9

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

E t e r c o S . A . M a j o r i t y O w n e r

Street, P.O. Box, of Route Number

A v d e T e r v u r e n 3 6 1 B l l 5 0

City or Town

B r u s s e l s

State

Zip Code

B e l g i u m

Country

Phone Number (Area Code and Number)

0 2 / 7 7 8 1 3 7 2

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

1. Smelter Deferral

2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐

D 0 3 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Tom Leibensperger, QESH Manager

Date Signed

2/22/00

XI. Comments

Change Generator status from Small Quality Generator to Conditionally Exempt

Small Quality Generator due to waste minimization practices.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

changed gen status from SQG to CEG

bah/jc 3/1/00 ✓ BL



23 February 2000

U.S. EPA Region 3
RCRA Programs Branch
Pennsylvania Section (3HW51)
1650 Arch Street
Philadelphia, PA 19103-2029

RECEIVED
PA/DC SECTION
FEB 29 2000
EPA REGION III

To Whom It May Concern:

Enclosed please find the Notification of Regulated Waste Activity (EPA Form 8700-12) for our maintenance rags, and the Chemical Analysis of Residual Waste (DEP Form 26R) for our water-base paint.

Should you have any questions or require anything further, please call Tom Leibensperger at 610-926-5533 ext. 241.

Regards,

Tom Leibensperger
QESH Manager

Cemplank, Inc.

Excelsior Industrial Park • P.O. Box 99 • Blandon, PA 19510-0099
877-CEMPLANK • 610-926-5533 • Fax 610-916-4916 • www.cemplank.com

The Leader in Quality Fiber-Cement Products™



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107-4431

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification of your location address on line 4 of the Notification form. EPA cannot process location addresses listed as:

June Road

These types of addresses are not specific enough for EPA tracking purposes. If your area has been zoned for 911 telephone system, please give us your new address. If your area has been rezoned by your local post office, please give us the address the post office assigned to your location. If your facility has not been zoned by the post office or 911, please include the address of the nearest highway, example: **Route 73, 1 mile north of Highway #77.**

We thank you for your time and effort in this matter. This specific information will enable us to better service your needs in the future. Please return the completed form together with this letter to the address indicated in the letterhead.

If you have any questions involving the Notification Form, please call the Technical & Program Support Branch at (215) 597-1230.

Sincerely,

Gmerice E. Wilson

Gmerice E. Wilson (3HW70)
Environmental Protection Specialist
Technical & Program Support Branch

4/25/96

Notification Sheet Revised To Reflect Address of
nearest highways - map enclosed.

Thank You
Tom Lebensparger
QESH Mgr.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received / 5 / 96
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

PAR000019232

II. Name of Installation (Include company and specific site name)

FCP INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

JUNE AVE EXCELSIOR IND. PK

Street (Continued)

RT 73 TO SW ON PK RD RT ON EXCELSIOR AVE

City or Town

BLANDON

State

Zip Code

PA 19510-0679

County Code

County Name

DILLBERKS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 679

City or Town

BLANDON

State

Zip Code

PA 19510-0679

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

LEIBENSPERGER

TOM

Job Title

Phone Number (Area Code and Number)

QESH MANAGER

610-926-0100

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other



B. Street or P.O. Box

JUNE RD

City or Town

BLANDON

State

Zip Code

PA 19510-0679

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FCP INC

Street, P.O. Box, or Route Number

JUNE AVE EXCELSIOR IND. PK

City or Town

BLANDON

State

Zip Code

PA 19510-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

610-926-9232

P

P

Yes

No

2

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p>1. Smelter Referral</p> <p>2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P003

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	Tom Heibenspeger QESTMGR	3/28/96

XI. Comments

BAH/XK 5/3/96

✓

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

on concrete porch on north side of R.R. 73
approximately 200' east elevation = 328.22

Source of Title: Being a portion of the same property which
American Bank by deed dated June 15, 1963 and
recorded in deed book volume 1833-526, Berks
County Records at Reading Pennsylvania granted and
conveyed unto Can Corp. of America Inc.

I - Industrial

Min. Lot Area - 50,000 S.F.

Min. Width - 100 ft.

Front Yard - 40 ft.

Side Yard - 20 ft.

Rear Yard - 20 ft.

Max. Build. Coverage - 40%

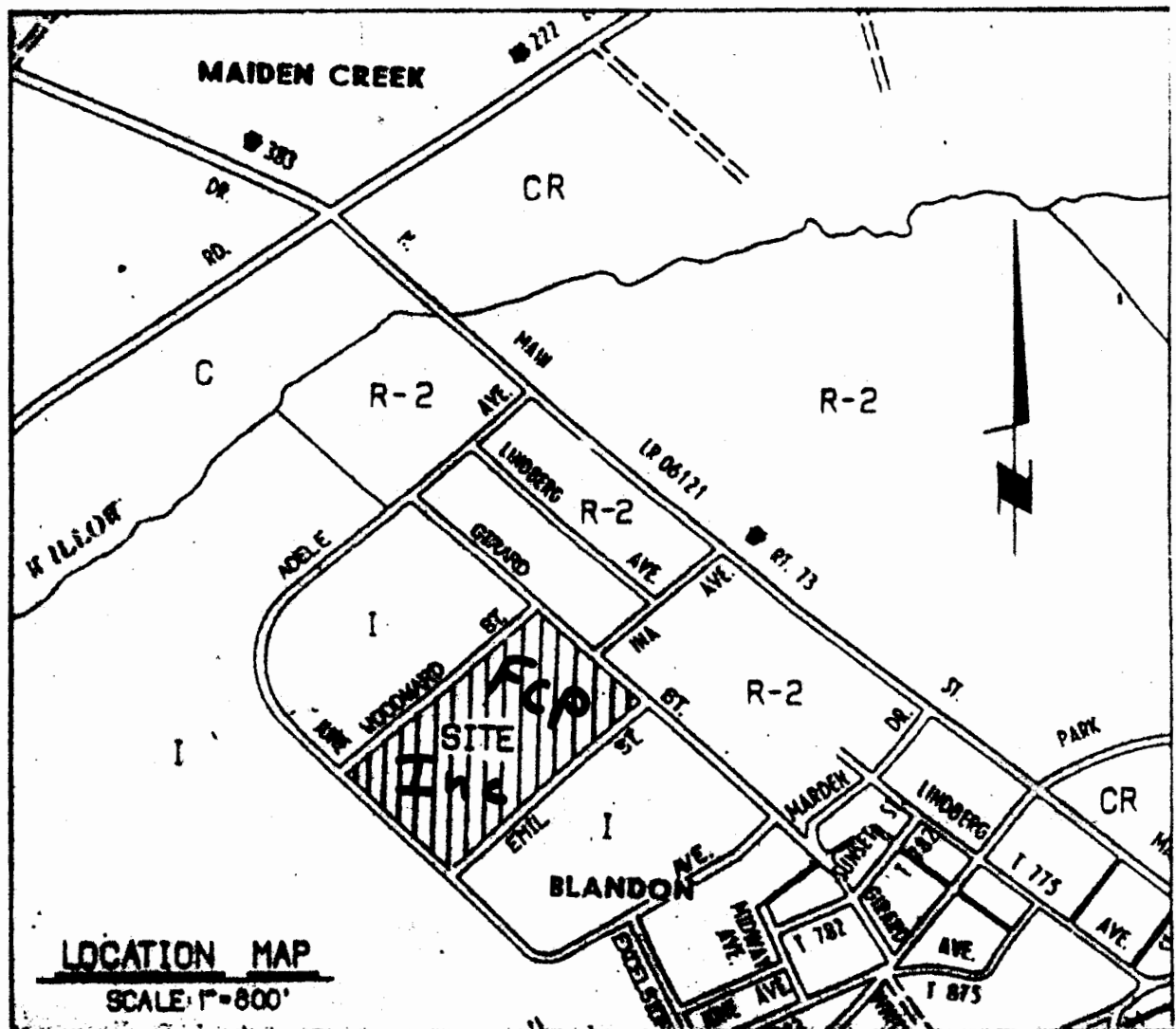
Max. Build. Height - 45 ft.

Min. Open Space - 20%

Max. Paved Area - 40%

RECEIVED
JUL 15 1963

EPA REGION III



Excelsior Industrial Park • P.O. Box 679 • Blandon, PA 19510-0679
(610) 926-0100 • (610) 926-9232 FAX
Quality - Environment - Safety - Health

TOM LEIBENSPERGER
QESH Manager

F.C.P. Inc.



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000019232

05/10/96

INSTALLATION ADDRESS

FCP INC
JUNE AVE EXCELSIOR IND PIKE
BLANDON, PA 195100679
TOM LEIBENSPERGER QESH MGR

JUNE AVE EXCELSIOR IND PIKE
BLANDON, PA 195100679